

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09802458	FILING DATE 03-09-01			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51			
2	)						52			
3	/						53			
4	/						54			
5	)						55			
6	/						56			
7	)						57			
8	/						58			
9	)						59			
10	)						60			
11	)						61			
12	)						62			
13	)						63			
14	)						64			
15	)						65			
16	/						66			
17	/						67			
18	/						68			
19	/						69			
20	)						70			
21	/						71			
22	)						72			
23	)						73			
24	)						74			
25	)						75			
26	)						76			
27	)						77			
28	)						78			
29	)						79			
30	)						80			
31	)						81			
32	)						82			
33	)						83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	30						TOTAL DEP.			
TOTAL CLAIMS	33						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS